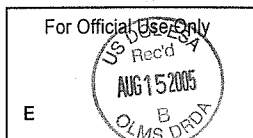


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.




READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 7051	2. Fiscal Year Covered From:  1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.  Name Dennis C Affinati  P.O. Box, Bldg., Room No., if any  Street 107 North Broad Street  City Sackets Harbor  State New York ZIP Code + 4 13685	4. Name, file number, and address of labor organization.  Name I.B.E.W. Local Union 910  Labor Organization File Number 027-476  P.O. Box, Building and Room Number, if any  Street 25001 Water Street  City Watertown  State New York ZIP Code + 4 13601
5. Position in labor organization. Business Manager	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name I.B.E.W. Local 910 Welfare Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 25001 Water Street  City Watertown  State New York ZIP Code + 4 13601	7.a. Nature of Interest, Transaction, or Income.  1. Reimbursement of expenses for an educational conference inconjunction with the International Foundation of Employee Benefit Plans 06/13/04. (1,274.)  7.b. Amount.  \$1,274

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On 8/08/2005	(315) 646-1012
	Date	Telephone Number



Name of Person Filing Dennis Affinati	File Number U-
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**Part A Continuation Page**

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name if any).  Name I.B.E.W. Local 910 Pension Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 25001 Water Street  City Watertown  State New York ZIP Code + 4 13601	7.a. Nature of Interest, Transaction, or Income.  1. Lunches provided for quarterly Trust Fund meetings. 02/02/04 (15.00), 05/03/2004 (15.00), 08/02/2004 (15.00), 11/01/2004 (15.00)
	7.b. Amount.          <div align="right">\$60</div>

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.
	7.b. Amount.

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.
	7.b. Amount.